

# Don't Become the Headline: Addressing Drug Diversion

## **Overview of Drug Diversion:**

Drug Diversion: When prescription medicines are obtained or used illegally; any criminal act or deviation that removes a prescription drug from its intended path from the manufacturer to the patient.

Commonly diverted prescriptions drugs:

- Hydrocodone (Vicodin)
- Oxycodone
- Alprazolam (Xanax)
- Oxymorphone
- Promethazine

Drug Diversion is universal among health care facilities and can happen anywhere controlled substances can be found and are left unsecured.

Risks associated with drug diversion:

- Blood Borne Pathogen exposures that could potentially result in an outbreak of an infectious agent
- Patient safety issues such as healthcare provider impairment during work hours
- Patient pain issues resulting from pain medications being withheld
- Healthcare provider overdose

There is no “typical” profile of a prescription drug diverter. Diversion of prescription drugs occurs in a variety of ways, by all segments of our population, in all neighborhoods, and in all workplaces.

Two factors that make healthcare workers vulnerable to drug abuse and diversion:

- High stress
  - Health Care Workers witness patient pain
  - Health Care Workers work under demands for perfection
- Drug accessibility
  - HCWs administer medications often
  - Witness the benefits of a drug prompting them to try the drug
  - Constant handling of medications may decrease their awareness of the medications addictive properties

## **Prevention Program Development:**

A program to address drug diversion should include four components; Education, Policies, Implementation and Reporting.

### *Education:*

All employees with patient contact or clinical responsibilities need to be educated about diversion. Education about diversion should be a part of every new employee orientation, and clinical staff should receive an additional training session devoted exclusively to the topic.

Diversion education should:

- Emphasize the impact of diversion on patients, the institution, and the diverting employee,
- Outline methods of prevention, detection and response.

### *Policies:*

Diversion has to be handled with uniform procedures.

Policies should establish:

- How drugs are to be handled
- Who is responsible for monitoring controlled substance transactions

- How potential diversion is handled.

#### *Implementation:*

Implementation of a diversion program should be in the hands of a diversion specialist with clinical knowledge.

The diversion specialist should have:

- a clinical background
- knowledge of medications used within the facility
- the ability to conduct an effective investigation

The diversion program may be implemented by:

- a diversion specialist who works independently and collaborates with others as appropriate
- a multidisciplinary diversion team led by a diversion specialist

The diversion specialist or team will:

- Serve as a resource to staff
- Oversee education and policy development
- Ensure that all diversion related activities are documented

#### *Reporting:*

Federal regulations, state laws and professional boards mandate reporting.

Reporting protects patients against diverters.

Facilities that fail to report:

- Become complicit in subsequent patient harm
- Risk harm to the diverter

Developing a collaborative working relationship with local law enforcement can help ensure that diversion cases are handled appropriately.

For more detailed information on developing a drug diversion prevention program view the supplemental module titled Guard Your Meds.

#### **Resources:**

Websites:

[Centers for Disease Control and Prevention's Drug Diversion Website](http://www.cdc.gov/injectionsafety/drugdiversion) (www.cdc.gov/injectionsafety/drugdiversion)

[National Association of Drug Diversion Investigators](http://www.naddi.org) (www.naddi.org)

Literature:

[Diversion of Drugs Within Health Care Facilities, a Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/) (www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/)